Question #1
How many people are homeless? Why?

How many?

In 1996, an estimated 637,000 adults were homeless in a given week. In the same year, an estimated 2.1 million adults were homeless over the course of a year. These numbers increase dramatically when children are included, to 842,000 and 3.5 million, respectively.[1]

Over a five-year period, about 2–3 percent of the U.S. population (5–8 million people) will experience at least one night of homelessness. For the great majority of these people, the experience is short and often caused by a natural disaster, a house fire, or a community evacuation.[2]

A much smaller group, perhaps as many as 500,000 people, have greater difficulty ending their homelessness. As one researcher who examined a sample of this group over a two-year period found:[3]

- Most—about 80%—exit from homelessness within about 2–3 weeks. They often have more personal, social, and economic resources to draw on than people who are homeless for longer periods of time.
- About 10% are homeless for up to two months, with housing availability and affordability adding to the time they are homeless.
- Another group of about 10% is homeless on a chronic, protracted basis—as long as 7–8 months in a two-year period. Disabilities associated with mental illnesses and substance use are common. On any given night, this group can account for up to 50% of those seeking emergency shelter.

Why?

The reasons why people become homeless are as varied and complex as the people themselves. Several structural factors contribute greatly to homelessness.

- *Poverty.* People who are homeless are the poorest of the poor. In 1996, the median monthly income for people who were homeless was $300, only 44% of the Federal poverty level for a single adult.[4] Decreases in the numbers of manufacturing and industrial jobs combined with a decline in the real value of minimum wage by 18% between 1979 and 1997 have left significant numbers of people without a livable income.[5]
- *Housing.* The U.S. Department of Housing and Urban Development estimates that there are five million households in the U.S. with incomes below 50% of the local median who pay more than half of their income for rent or live in severely substandard housing. This is worsened by a decline in the number of housing units affordable to extremely low income households by 5% since 1991, a loss of over 370,000 units. Federal rental assistance has not been able to bridge the gap; the average wait for Section 8 rental assistance is now 28 months.[6]
- *Disability.* People with disabilities who are unable to work and must rely on entitlements such as Supplemental Security Income (SSI) can find it virtually impossible to find affordable housing. People receiving Federal SSI benefits, which were $545 per month in 2002, cannot cover the cost of an efficiency or one-bedroom apartment in any major housing market in the country.[7]

There are also several individual risk factors that may increase people's vulnerability to becoming homeless and experiencing homelessness on a longer basis.[8]

- Untreated mental illness can cause individuals to become paranoid, anxious, or depressed, making it difficult or impossible to maintain employment, pay bills, or keep supportive social relationships.
- Substance abuse can drain financial resources, erode supportive social relationships, and can also make exiting from homelessness extremely difficult.
- Co-occurring disorders. Individuals with co-occurring mental illnesses and substance use disorders are among the most difficult to stably house and treat due to the limited availability of integrated mental health and substance abuse treatment in most localities.
- Other circumstances. People might also find themselves homeless for a variety of other reasons including domestic violence, chronic or unexpected health care expenses, release from incarceration, "aging out" of youth systems such as foster care, or divorce or separation.

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Question #2
Who is homeless?[1]

An estimated 842,000 adults and children are homeless in a given week, with that number swelling to as many as 3.5 million over the course of a year. People who are homeless are the poorest of the poor. While almost half (44%) of people who are homeless work at least part-time, their monthly income averages only $367 compared to the median monthly income for U.S. households of $2,840. Those who have disabilities and are unable to work can find it nearly impossible to secure affordable housing in virtually every major housing market in the country.

The majority are unaccompanied adults, but the number of homeless families is growing:

- 66% are single adults, and of these, three-quarters are men
- 11% are parents with children, 84% of whom are single women
- 23% are children under 18 with a parent, 42% of whom are under 5 years of age

Racial and ethnic minorities, particularly African Americans, are overrepresented:

- 41% are non-Hispanic whites (compared to 76% of the general population)
- 40% are African Americans (compared to 11% of the general population)
- 11% are Hispanic (compared to 9% of the general population)
- 8% are Native American (compared to 1% of the general population)

Homelessness continues to be a largely urban phenomenon:

- 71% are in central cities
- 21% are in suburbs
- 9% are in rural areas

People who are homeless frequently report health problems:

- 38% report alcohol use problems
- 26% report other drug use problems
- 39% report some form of mental health problems (20-25% meet criteria for serious mental illness)
- 66% report either substance use and / or mental health problems
- 3% report having HIV / AIDS
- 26% report acute health problems other than HIV / AIDS such as tuberculosis, pneumonia, or sexually transmitted diseases
- 46% report chronic health conditions such as high blood pressure, diabetes, or cancer

People who are homeless also have high rates of other background characteristics:

- 23% are veterans (compared to 13% of the general population)
- 25% were physically or sexually abused as children
- 27% were in foster care or institutions as children
- 21% were homeless as children
- 54% were incarcerated at some point of their lives

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Question #3
Why are so many people with serious mental illnesses homeless?

People with serious mental illnesses are over-represented among the homeless population. While only four percent of the U.S. population has a serious mental illness, five to six times as many people who are homeless (20-25%) have serious mental illnesses. Their diagnoses include the most personally disruptive and serious mental illnesses, including severe, chronic depression; bipolar disorder; schizophrenia; schizoaffective disorders; and severe personality disorders.[1]

Why so many?

People with serious mental illnesses have greater difficulty exiting homelessness than other people. They are homeless more often and for longer periods of time than other homeless subgroups. Many have been on the streets for years.[2]

- Up to 50% have co-occurring mental illnesses and substance use disorders.
- Their symptoms are often active and untreated, making it extremely difficult for them to negotiate meeting basic needs for food, shelter and safety and causing distress to those who observe them.
- They are impoverished, and many are not receiving benefits for which they may be eligible.

What do we know about them?[3]

- The majority have had prior contact with the mental health system, either as inpatients or outpatients. These experiences were not always positive; they may have been hospitalized involuntarily or given treatment services or medications they did not feel were of benefit.
- Their mental illness symptoms as well as the hygiene problems associated with homelessness result in many untreated physical health problems such as respiratory infections, dermatologic problems, and risk of exposure to HIV and TB.
- They typically are long-term citizens of the communities in which they are homeless.
- Their social support and family networks are usually unraveled. Family members often have lost regular contact with their relatives or are no longer equipped to be primary caregivers.
- They are twice as likely as other people who are homeless to be arrested or jailed, mostly for misdemeanors. They are often good candidates for diversion from jail to more appropriate treatment, support, and housing.

What can be done?

- Most can be voluntarily engaged or re-engaged in treatment, housing, and support services. Mobile outreach can provide access to basic services, treatment, and housing.[4]
- Integrated mental health and substance abuse treatment delivered by multidisciplinary mobile treatment teams can reduce symptomatology and improve functioning in the community.
- Providing supportive services to people in housing has proven effective in achieving residential stability, improving mental health, and reducing the costs of homelessness to the community.[5]

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Question #4
How can we end homelessness among people with serious mental illnesses?

Research has provided a substantial amount of information on what services and practices are effective in ending homelessness for people with serious mental illnesses.[1] The key is to:

- Encourage the adoption of evidence-based practices for services, treatment, and prevention of homelessness;
- Establish partnerships with Federal agencies, state and local governments, and public and private agencies to reduce barriers to services and increase resources and funding; and
- Conduct research that addresses important gaps in knowledge.[2]

We know what works

- *Outreach*, whether in shelters or on the street, is effective.[3] Given the opportunity, most people who are homeless and have serious mental illnesses are willing to accept treatment and services voluntarily. Consistent outreach and the introduction of services at the client's pace are key to engaging people in treatment and case management services. A consistent, caring, personal relationship is required to engage people who are homeless in treatment.
- *Integrated mental health and substance abuse treatment* provided by multidisciplinary treatment teams can improve mental health, residential stability, and overall functioning in the community. Regular assertive outreach, lower caseloads, and the multidisciplinary nature of the services available on these teams are critical ingredients leading to positive treatment and housing outcomes.[5]
- *Providing supportive services to people in housing* has proven effective in achieving residential stability, improving mental health, and reducing the costs of homelessness to the community. Supported housing is preferred by many homeless people with serious mental illnesses. Many people who are homeless and have serious mental illnesses can move directly from homelessness to independent housing with supports. However, the transition from homelessness to housing is a critical time that needs intensive support and attention.[5]
- *Prevention.* Homelessness among people with serious mental illnesses can be prevented. Discharge planning to help people leaving institutions to access housing, mental health, and other necessary community services can prevent homelessness during such transitions. Ideally, such planning begins upon entry into an institution, is ready to be implemented upon discharge, and involves consumer input. Providing short-term intensive support services immediately after discharge from hospitals, shelters, or jails has proven effective in further preventing recurrent homelessness during the transition to other community providers.[6]

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Question #5
What about the needs of children who are homeless?

In any given week, it is estimated that more than 200,000 children have no place to live. Over the course of a year, as many as 1.4 million children experience homelessness. Forty-two percent of these children are under the age of five.[1]

Why do children become homeless?

Homeless families are the fastest growing segment of the homeless population, comprising nearly forty percent of the total homeless population.[2] Eighty-four percent of these families are headed by single women with dependent children. An increase in the number of families living in poverty, the shortage of affordable housing, and critical risk factors in the lives of mothers, including trauma, interpersonal violence, and mental health and substance abuse problems, all contribute to family homelessness.

How is homelessness harmful to children?[3]

Homelessness affects children's mental health, and causes emotional and behavioral problems.

- Anxiety, depression, withdrawal, and other clinical problems are found in 12 percent of preschoolers and 47 percent of school-age children.
- 16 percent of preschoolers have behavior problems including severe aggression and hostility.
- 36 percent of school age children exhibit delinquent or aggressive behavior.

Homelessness causes educational and learning difficulties for children.

- At least one fifth of children who are homeless do not attend school and more than one fourth have attended three or more schools in a year.
- Children who are homeless are diagnosed with learning disabilities such as dyslexia or speech and language impediments twice as often as other children.
- Children who are homeless are twice as likely to repeat a grade as other children.

Homelessness affects children in other ways.

- Homeless children go hungry at twice the rate of other children. They also experience illnesses such as stomach problems, ear infections, and asthma at higher rates.
- Nearly 25 percent have witnessed acts of violence in their families, usually against their mother.
- They experience physical and sexual abuse at two to three times the rate of other children.
- In one year, 22 percent of homeless children spend some time apart from their immediate family, with 12 percent being placed in foster care.

What can be done?

The Center for Mental Health Services and Center for Substance Abuse and Treatment are currently evaluating interventions for homeless families with mental health or substance abuse disorders in eight sites

across the nation. The cross-site study will identify the most effective approaches for meeting the needs of these families and make recommendations to help improve services for families that are homeless nationwide.

In addition, the National Center on Family Homelessness recommends the following to help homeless families:

- Maximize poor families' economic resources and build their assets.
- Develop an adequate supply of decent affordable housing.
- Support education, training, work and child care for parents.
- Eliminate hunger and food insecurity.
- Protect the health of homeless children.
- Improve mental health services for children and parents.
- Ensure access to school and opportunities for success in school.
- Prevent unnecessary separation of families.
- Expand violence prevention, treatment, and follow-up services.

For more information:

National Resource Center on Homelessness and Mental Illness
The CDM Group, Inc.
7500 Old Georgetown Road, Suite 900
Bethesda, MD 20814
Phone: 800-444-7415
E-mail: nrc@cdmgroup.com

National Center on Family Homelessness
181 Wells Avenue
Newton, MA 02459
Phone: 800-962-4676
Web site: www.familyhomelessness.org
E-mail: dawn.moses@familyhomelessness.org

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